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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000084439 (5)

PROFESSIONAL PHARMACEUTICAL SUPPLY, INC.

FILED Apr 24 1997 8:00am Secretary of State



Discovered Days	ese of the pieces	Mailing Address			***************************************	-	ABIAI FAILI AIRTE DIALE	A 11118 1011 1021
Principal Piace of Business Mailing Address 1592 SE VILLAGE GREEN DR 2827 SE PACE DRIVE								
SUITE Q		PORT ST. LUCIE FL 34	984-6220					
PORT ST. LUCIE FL 34952 US						Date Incorporated or Qualified 10/31/1995	3a. Date of La 05/01/199	
2. Principai l	Place of Business	2a. Mailing Address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			4. FEI Number		Applied For
1		26				65-0624545		Not Applicat
Suite, Apt		Suite Apt. #, etc.				5. Certificate of Status Desired		75 Additional e Required
City & Sta	ate	City & State				Election Campaign Financing Trust Fund Contribution		00 May Be ded to Fees
Zφ	Country	Zιρ	Col	untry		8. This corporation has liability for in		er s. 199.032,
<u> </u>	25	29	30	·			Yes No	
	9. Name and Address of Cu	rrent Registered Agent		81	Name	10. Name and Address of New Reg	Istered Agent	
	TALE, PERRY			"	Name			
	27 SE PACE DRIVE			82	Street Addre	ess (P.O. Box Number is Not Acceptable	e)	
PO	ORT ST. LUCIE FL 34984			83				
				84	City		FL Bi	Zip Code
		0000 - 1007 4500 51-14-01						
office or	regiskacd agent, or both, in the	State of Florida. Such change wa	as authorize	ed by	the corporation	oration submits this statement for the pu on's board of directors. I hereby accept	the appointmen	it as registerer
agentil	am far illiar with and according to	ibligations of, Section 607.0505,	Florida Sta	itutes.		, .	1. 1.	Ü
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.1 do hereby cert'y that the information supplied with his filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplied enter and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or after receiver or rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged for on an algorithm with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/97 (56) 337-2249